Fill	in this information to	o identify your ca	ase:							
Del	otor 1	Steven M. H	und							
1	otor 2 buse, if filing)	Cara L. Hun	d			_				
Uni	ted States Bankrup	tcy Court for the	: DISTRICT OF NEW J	ERSEY						
Case number 21-1		13515					Check if this is:			
(If kı	nown)			-			☐ An amende	d filing		
									ng postpetition chapter ollowing date:	
0	fficial Form	<u> 1061</u>					MM / DD/ Y	YYY		
S	chedule I: `	Your Inc	ome						12/15	
spo atta	use. If you are sep ch a separate shee	arated and you	are married and not fili r spouse is not filing w On the top of any additi	ith you, do not includ	de infor	mati	on about your spo	use. If m	ore space is needed,	
1.	Fill in your emploinformation.	oyment		Debtor 1			Debtor 2	Debtor 2 or non-filing spouse		
	If you have more than one job,		Employment status	■ Employed			■ Emplo	■ Employed		
attach a separate information about			Employment status	☐ Not employed			☐ Not e	☐ Not employed		
	employers.		Occupation	Insurance Sales	i		unempl	oyed		
	Include part-time, self-employed wo		Employer's name	FNA Insurance S	Service	es				
	Occupation may in or homemaker, if		Employer's address	180 River Road Summit, NJ 079	01					
			How long employed t	here?						
Pai	rt 2: Give Det	ails About Mor	thly Income							
		me as of the d	ate you file this form. If	you have nothing to re	port for	any	line, write \$0 in the	space. In	clude your non-filing	
	ou or your non-filing e space, attach a se		ore than one employer, co	ombine the information	n for all	empl	oyers for that perso	n on the li	nes below. If you need	
							For Debtor 1		btor 2 or ing spouse	
2.			ry, and commissions (b calculate what the monthl		2.	\$	12,500.00	\$	0.00	
3.	Estimate and list	monthly overt	ime pay.		3.	+\$	0.00	+\$	0.00	

Official Form 106I Schedule I: Your Income page 1

4. Calculate gross Income. Add line 2 + line 3.

12,500.00

\$

0.00

Debtor 1 Debtor 2	Steven M. Hund Cara L. Hund		Case	number (if known)	21-13515		
			For	Debtor 1	For Debto		
Co	py line 4 here	4.	\$	12,500.00	\$	0.00	
5. <b>Lis</b>	t all payroll deductions:						
5a.	Tax, Medicare, and Social Security deductions	5a.	\$	3,895.00	\$	0.00	
5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
5c.	Voluntary contributions for retirement plans	5c.	\$	750.00	\$	0.00	
5d.	, , ,	5d.		0.00	\$	0.00	
5e.		5e.		100.00	\$	0.00	
5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00	
5g. 5h.	Union dues Other deductions. Specify:	5g. 5h	_	0.00	+ \$	0.00	
	· · · · · · · · · · · · · · · · · · ·		· —	0.00		0.00	
	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	4,745.00	\$	0.00	
7. <b>Ca</b>	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	7,755.00	\$	0.00	
8. <b>Lis</b> 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
	monthly net income.	8a.		0.00	\$	0.00	
8b. 8c.	Family support payments that you, a non-filing spouse, or a depender regularly receive	8b. <b>nt</b>	\$_	0.00	\$	0.00	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
8d.		8d.	· · —	0.00		2,240.00	
8e.		8e.	· · ·	0.00	\$	0.00	
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$_	0.00	\$	0.00	
8g.		8g.		0.00	\$	0.00	
8h.	, ,	8h		495.00		0.00	
	Comissions			261.00	\$	0.00	
9. <b>Ad</b>	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	756.00	\$	2,240.00	
	Iculate monthly income. Add line 7 + line 9.  d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	<u> </u>	8,511.00 + \$	2,240.00	10,75	1.00
Inc oth Do	te all other regular contributions to the expenses that you list in Schedu lude contributions from an unmarried partner, members of your household, you er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are no ecify:	ur deper					0.00
Wr	d the amount in the last column of line 10 to the amount in line 11. The rest ite that amount on the Summary of Schedules and Statistical Summary of Certallies						1.00
13. <b>Do</b>	you expect an increase or decrease within the year after you file this form No.	m?				Combined monthly inco	me
	Yes. Explain: Mr. Debtor just started a new job. The gross in anticipates having an expense for insurance an per month.						

Official Form 106l Schedule I: Your Income page 2

Fill in	this information to identify your case:				
Debto	Steven M. Hund			eck if this is:	
Debto	or 2 Cara L. Hund use, if filing)				wing postpetition chapter the following date:
United	d States Bankruptcy Court for the: DISTRICT OF NEW JERSEY			MM / DD / YYYY	
Case	number <b>21-13515</b>				
(If kno					
Off	icial Form 106J				
Sc	hedule J: Your Expenses				12/1:
Be a	s complete and accurate as possible. If two married people at mation. If more space is needed, attach another sheet to this ber (if known). Answer every question.				
Part					
	Is this a joint case?				
	<ul><li>No. Go to line 2.</li><li>■ Yes. Does Debtor 2 live in a separate household?</li></ul>				
	No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	s for Separate Housel	hold of Del	btor 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the			4-	□ No
	dependents names.	Son			■ Yes □ No
		Son			■ Yes
		Son		24	■ Yes
					□ No
	Do your expenses include expenses of people other than yourself and your dependents?			_	☐ Yes
expe	Estimate Your Ongoing Monthly Expenses nate your expenses as of your bankruptcy filing date unless ynses as of a date after the bankruptcy is filed. If this is a supplicable date.	ou are using this fo Dlemental <i>Schedule</i>	rm as a s <i>J</i> , check t	upplement in a Cha he box at the top o	apter 13 case to report of the form and fill in the
the v	de expenses paid for with non-cash government assistance it alue of such assistance and have included it on Schedule I: You be said Form 106I.)			Your exp	enses
(0	3 1.00				
	The rental or home ownership expenses for your residence. I payments and any rent for the ground or lot.	nclude first mortgage	4.	\$	3,408.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	·	0.00
	Home maintenance, repair, and upkeep expenses     Homeowner's association or condominium dues		4c. 4d.	·	150.00 0.00
	Additional mortgage payments for your residence, such as ho	me equity loans	4u. 5.	·	265.00

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		even M. Hund ra L. Hund	Case num	ber (if known)	21-13515
6.	Utilities:				
		ctricity, heat, natural gas	6a.	\$	447.00
	6b. Wa	ter, sewer, garbage collection	6b.	\$	113.00
	6c. Tele	ephone, cell phone, Internet, satellite, and cable services	6c.	\$	635.00
	6d. Oth	er. Specify:	6d.	\$	0.00
7.	Food and	l housekeeping supplies	7.	\$	1,100.00
8.	Childcare	e and children's education costs	8.	\$	400.00
9.	Clothing,	laundry, and dry cleaning	9.	\$	75.00
10.	Personal	care products and services	10.	\$	200.00
11.	Medical a	and dental expenses	11.	\$	100.00
12.		tation. Include gas, maintenance, bus or train fare.	12.	<u> </u>	250.00
40		clude car payments.			
		ment, clubs, recreation, newspapers, magazines, and books	13.	· -	100.00
		e contributions and religious donations	14.	<b>&gt;</b>	0.00
15.	Insurance	e. Slude insurance deducted from your pay or included in lines 4 or 20.			
		sidae insurance deducted nom your pay of included in lines 4 of 20.	15a.	\$	1,062.00
		alth insurance	15a. 15b.		<u>,                                      </u>
			15b. 15c.	·	0.00
		nicle insurance		·	593.00
40		ner insurance. Specify: umbrella coverage	15d.	Ф	73.00
	Specify:	o not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
17.		nt or lease payments: payments for Vehicle 1	17a.	\$	300.00
		payments for Vehicle 2	17a. 17b.		395.00
		• •	176. 17c.	· -	
		er. Specify:er. Specify:	17c. 17d.	· -	0.00
40				Ф	0.00
10.		ments of alimony, maintenance, and support that you did not report as I from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.		yments you make to support others who do not live with you.		\$	0.00
	Specify:	, , o , o , o , o	19.	<b>—</b>	0.00
20.		Il property expenses not included in lines 4 or 5 of this form or on Sche		our Income.	
		rtgages on other property	20a.		0.00
		al estate taxes	20b.		0.00
		perty, homeowner's, or renter's insurance	20c.	·	0.00
		intenance, repair, and upkeep expenses	20d.	·	0.00
		meowner's association or condominium dues	20e.		0.00
21.			21.	· ·	0.00
۷۱.	Other. Sp	ecily		-Ψ	0.00
22.	Calculate	your monthly expenses			
	22a. Add I	lines 4 through 21.		\$	9,666.00
	22b. Copy	/ line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add I	line 22a and 22b. The result is your monthly expenses.		\$	9,666.00
					<u> </u>
23.		your monthly net income.			
		by line 12 (your combined monthly income) from Schedule I.	23a.	·	10,751.00
	23b. Cop	by your monthly expenses from line 22c above.	23b.	-\$	9,666.00
		otract your monthly expenses from your monthly income.	23c.	\$	1,085.00
	ine	e result is your monthly net income.	200.	<u> </u>	.,530.00
24.	For exampl	xpect an increase or decrease in your expenses within the year after you le, do you expect to finish paying for your car loan within the year or do you expect your no to the terms of your mortgage?			ease or decrease because of a
	_	Evoluin hara:			
	☐ Yes.	Explain here:			